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Ulnar Nerve Transposition or Release

This protocol was developed for patients who have had an ulnar nerve transposition or release for cubital tunnel syndrome (ulnar neuropathy at the elbow) The goal of the rehabilitation is to regain elbow motion as well as strength and dexterity of the hand.

If you have questions please contact Dr. Andrew Green's office (401) 457-1533 or the University Orthopedics Physical Therapy Department (401) 457-1590

The dressing is removed on the third day after surgery and the steristrips are left on until the first post-operative office visit. A sling is worn for 2 weeks after the surgery to help maintain the position of the ulnar nerve; prevent posterior subluxation after anterior transposition and prevent anterior subluxation after simple nerve release.

Week 1-2

Passive self-assisted elbow flexion and extension.
Passive self-assisted forearm pronation and supination.
Unrestricted wrist and finger range of motion.

Week 3-6

Begin light active use.

Active assisted and active elbow flexion and extension, forearm pronation and supination, wrist and finger range of motion, and shoulder ROM

Each set of stretching exercises should be done in sets of 5 repetitions, holding each repetition for 10 seconds, 5 times each day

Patients should have full elbow and forearm motion after 6 weeks.

Week 7-8

Begin elbow flexion and extension, and forearm pronation and supination isometrics.
Continue passive stretching to achieve full range of motion.

Week 9 and beyond

Begin progressive resistive strengthening: theraband, theraTube, grip strengthening, and progress to weights.

Continue passive stretches to achieve full range of motion.

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Full unrestricted activity is permitted after 6 months for most patients depending upon patient activity demands.